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CONFIRMATION NO. 2289

<b>SERIAL NUMBER</b> 09/814,224	<b>FILING OR 371(c) DATE</b> 03/22/2001 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> 060960-5013-US
<b>APPLICANTS</b> Michael L. Boyer II, Paoli, PA; David C. Paul, Phoenixville, PA; Thomas B. Higgins, Berwyn, PA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/191,099 03/22/2000 ok AS.				
<b>** FOREIGN APPLICATIONS *****</b> none AS.				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 05/01/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input checked="" type="checkbox"/> Allowance		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 19	<b>TOTAL CLAIMS</b> 24
Verified and Acknowledged Examiner's Signature <u>AS</u> Initials		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> 28977				
<b>TITLE</b> Multipiece implants formed of bone material				
<b>FILING FEE RECEIVED</b> 1220	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	